Renovation & Remodeling (R&R) Express Application Form

APPLICATION FORM FOR RENOVATION & REMODELING (R&R) EXPRESS

IMPORTANT NOTICE:
Statement Pursuant to Schedule 9 if the Financial Services Act 2013: You are to disclose in this proposal form, fully & faithfully, all the facts which you know or ought to know, which are relevant to our decision in accepting the risk and terms to be applied, otherwise the policy issued hereunder may be void or we could refuse your claim. Please note that this duty of disclosure shall continue until the time the policy is issued, varied or renewed.

Condition: This application is:
1. Valid for 7 working days from the date the declaration below is signed or until the date specified on Question 5, whichever is the earliest.
2. Subject to the Policy Variations and Declaration by the Proposer set out for this package.

GENERAL INFORMATION		
1.	**Proposer's Company/Business name in full**	
2.	**Business Address of Proposer**	
3.	**Business of Proposer**	
4.	**Location of Risk (Full address)**	
5.	**Period of Insurance (Max 6 months)** **Maintenance Period, if any (Max 3 months)**	**From** **to** **From** **to** **(No Back Date Cover)**
6.	**Limit of Liability**	**Public Liability : RM** **Employer's Liability : RM**
7.	**No. of Workers Involved**	
8.	**Estimated Contract Value**	**RM**
9.	**Estimated Wages**	**RM**
10.	**Nationality of Workers**	☐ **Local Only** ☐ **Local and Non – Local**
11.	**Information on surrounding properties** **Position** / **Nature of Business / occupation** / **Distance** **Right** **Left** **Front** **Rear**	

12.	**Type of Contractor** ☐ **Main Contractor** ☐ **Sub Contractor**	
13.	**Name of Principal**	
14.	**Name of Sub-Contractor if to be included**	
15.	**Scope of Work** ☐ **Painting** ☐ **Interior Design** ☐ **Repairing** ☐ **Installation** ☐ **Maintenance** ☐ **Others (Please state below)** ☐ **Refurbishment** _____ **Are the works done inside or outside the building?** ☐ **Inside** ☐ **Outside** **Please attach copy of Letter of Award and any other relevant supporting documents.**	
16.	**Public Liability Premium (Before 6% service tax and stamp duty)**	**RM**
17.	**Workmen Compensation Premium (Before 6% service tax and stamp duty)**	**RM**

DECLARATION BY PROPOSER

YES! My business meets these pre-underwritten conditions - Please tick your confirmation.

Proposer is registered as a Malaysian Company / Business	☐
Location of risk is in Malaysia	☐
Proposer has no losses or incidents to date	☐
Malaysian workers only (If involves foreign workers, Workmen's Compensation must be taken together with Employer's Liability)	☐

*** If the Proposer does not meet the above Eligibility Criteria, please complete the "Proposal Form for Public Liability" and "Proposal Form for Workmen's Compensation / Employer's Liability" instead and contact Casualty Department for an alternative quotation.**

IMPORTANT NOTICE

1. Your attention is drawn to the 60-days premium warranty attaching to this contract of insurance.
2. By this warranty, the Company has the option to automatically cancel the insurance policy unless the full premium is paid to the Company within 60 days from the commencement date of cover. Any premiums paid to your Insurance Broker are not deemed to be payment to the Company for the purpose of the premium warranty. Please note that if this insurance is transacted through your insurance broker, the broker is acting on your behalf for the purpose of formation of this contract of insurance. It is important that you ensure your insurance broker remits your premiums to the Company in strict compliance with the provisions of the premium warranty.

DECLARATION AND AUTHORISATION

I/We hereby declare and agree that:

a. All written information provided by me/us for this insurance or any formal questionnaire or other documents signed by me/us in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) ("Company") are full, complete, true/correct and to the best of my/our knowledge and belief and that I/we have not withheld or omitted any information, and I/we understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option.

b. I/We will notify the Company of any material change to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I/We understand that failure to notify the Company of any material change to my/our risk profile may affect my/our rights during a claim.

c. Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys, and to communicate with me/us for such purposes. I//We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Level 18, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia, or phone:1 800 88 8811; fax:03-2118 0288; e-mail: *AIGCare@aig.com*

d. By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by notifying the Company at any of the channels above.

e. I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

f. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.

Date : _____ Proposer's Signature : _____

Producer Name : _____ Designation : _____

Producer Code : _____ Company Seal / Stamp : _____

Declaration by Agent/Officer

I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

Signature (Agent/Officer)

Name : .....

Date : .....